

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-025498

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 36
FILED JUL 1 1963

Primary Registration District No. 6050

Registrar's No. 24

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Texas b. COUNTY Harris	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Portage De Sioux		Length of stay in 1b 3 Weeks	c. CITY OR TOWN Houston
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RR#1 Portage De Sioux		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 7923 Easton St.
3. NAME OF DECEASED (Type or print) Cordelia Reed		4. DATE OF DEATH Month June Day 21 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/7/1889
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-keeper		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 73
11a. FATHER'S NAME Alfred Payne		11b. MOTHER'S MAIDEN NAME Cordelia Goddard	
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		13. SOCIAL SECURITY NO.	
14. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Presumed to be natural causes (cancer notified)		15. BIRTHPLACE (City and state or country) St. Charles County, Mo. USA	
DUE TO (b) Victim was visiting family - Retired at 9:30 feeling well. Next morning found dead in bed. Death approximately 3:00 PM		16. CITIZEN OF WHAT COUNTRY USA	
DUE TO (c)		17. NAME OF HUSBAND OR WIFE James F. Reed	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		18. ADDRESS 2527 Morning Mrs. Eleanor Skrivanek Glory, Houston	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Palmyra Stewart - Registrar		22b. ADDRESS Route 3 St Charles Mo.	
22c. DATE SIGNED 6-22-63		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE 6/24/1963		23c. NAME OF CEMETERY OR CREMATORY Forest Park Cemetery	
23d. LOCATION (City, town, or county) Houston, Texas		24. FUNERAL DIRECTOR Arthur C. Baue, St. Charles, Mo.	
25. DATE RECD. BY LOCAL REG. 6-25-63		26. REGISTRAR'S SIGNATURE Palmyra Stewart	

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Connie L. Puckett

Licensed Embalmer No. 3785

P. O. Address St. Charles

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.